

**APPLICATION DATA SHEET****Application Information**

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

Computer Readable Form (CRF)?:: No

Number of copies of CRF::

Title :: INHIBITORS OF RNA DEPENDENT RNA  
POLYMERASE AND USES THEREOF

Attorney Docket Number:: 660081.443

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets::

Small Entity?:: Yes

Petition included?:: No

Petition Type::

Licensed U.S. Gov't Agency::

Contract or Grant No::

Secrecy Order in Parent Appl.?:: No

**First Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Canada
Status::	Full Capacity
Given Name::	Robert
Middle Name::	
Family Name::	Déziel
Name Suffix::	
City of Residence::	Montreal
State or Province of Residence::	PQ
Country of Residence::	Canada
Street of mailing address::	546 Chester Street
City of mailing address::	Montreal
State or Province of mailing address::	PQ
Country of mailing address::	Canada
Postal or Zip Code of mailing address::	H3R 1W9

**Second Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Canada
Status::	Full Capacity
Given Name::	Eric
Middle Name::	
Family Name::	Fournier
Name Suffix::	
City of Residence::	Montreal
State or Province of Residence::	PQ
Country of Residence::	Canada
Street of mailing address::	460 Champ de Mars, #306
City of mailing address::	Montreal
State or Province of mailing address::	PQ
Country of mailing address::	Canada
Postal or Zip Code of mailing address::	H2Y 1B4

**Third Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: France  
Status:: Full Capacity  
Given Name:: Arlène  
Middle Name::  
Family Name:: Roland  
Name Suffix::  
City of Residence:: Castries  
State or Province of Residence::  
Country of Residence:: France  
Street of mailing address:: 4 rue de la pierre bleue  
City of mailing address:: Castries  
State or Province of mailing address::  
Country of mailing address:: France  
Postal or Zip Code of mailing address:: 34160

**Correspondence Information**

Correspondence Customer Number :: **00500**

**Representative Information**

Representative Customer Number::		<b>00500</b>
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**Domestic Priority Information**

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	An application claiming the benefit under 35 USC 119(e)	60/398,426	07/25/02

**Foreign Priority Information**

Country::	Application number::	Filing Date::	Priority Claimed::

**Assignee Information**

Assignee name::	Micrologix Biotech Inc.
Street of mailing address::	3650 Wesbrook Mall
City of mailing address::	Vancouver
State or Province of mailing address::	BC
Country of mailing address::	Canada
Postal or Zip Code of mailing address::	V6S 2L2

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